

**Note: This is sample
template it is
not an OMB
approved form.**

Universal 911 Dialing- Second Transition Report

Please read instructions before completing

Section 1

Carrier Identification Information

Parent Company Name
Yorkville Telephone Cooperative

Service Provider Name
Yorkville Telephone Cooperative

Company Address, City, State, Zip
PO Box 8
Yorkville, Tennessee 38389

Service Provider Type ☒ Wireless ☐ Wireline

Name(s) of Wireless License Holder(s)
Yorkville Telephone Cooperative
FRN 0001775089

Contact Name
Kerry Watson

Contact Tel #
731-643-6121

Fax #
731-643-6600

E-mail Address
kwatson@yorkvilletel.com

Section 2

Local Area 911 Implementation

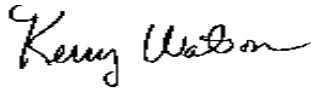
List all individual local areas covered by this report (e.g., Lee County, Virginia):
Lake County, TN

For each area listed above, identify the emergency response point to which calls are now being routed.
Obion County, TN PSAP

Section 3

Certification - To be signed by an authorized representative of the reporting entity

I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and that the reporting entity has completed the steps necessary to properly route 911 emergency calls in the localities covered by the report as of September 20, 2002.



Signature

Printed name of authorized representative Kerry Watson

Title General Manager

Date September 20, 2002

This filing is: ☒ original filing ☐ revised filing

PERSONS MAKING WILLFULL FALSE STATEMENTS IN THIS DOCUMENT CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001.